

2012 Copa Bloomington

Soccer Tournament
September 30, October 07 & 14
6pm
Karst Farm Park
2450 S. Endwright Rd., Bloomington 47403
Monroe County Parks and Recreation



Registration Form

Team Name: _____

Team Members: _____

(10 max.) _____

RECREATIONAL DIVISION _____

COMPETITIVE DIVISION _____

Registration Fee: \$200 / team

Make checks payable to: El Centro Comunal Latino

Cash also accepted.

Contact Person's Address: (include city & zip)

Contact Phone Number: _____

E-Mail: _____

Emergency Contact: Name: _____ **Phone:** _____

Consent for Services & General Release

Must be signed & dated to participate.

I understand that I or my teammates are not covered under any medical insurance program through participation in this tournament, County of Monroe, or through Monroe County Parks and Recreation Department.

I recognize that because of the nature of this activity that an injury might be sustained. In the event of an injury to myself or to my teammates, I give permission to call for ambulance or emergency personnel, and agree to pay the usual customary charges for such services. In the event of an injury or illness to myself or to my teammates, if my emergency contact cannot be contacted, I give my permission to the attending physician to render such treatment as is medically necessary, and agree to pay the usual and customary charges for such treatment. I now release the County of Monroe, the Monroe County Parks and Recreation Department, The City of Bloomington, El Centro Comunal Latino, its employees, volunteers, agents, sponsors, officers, independent contractors, vendors and assigns for any person injuries or damages to any personal property caused by or having any relation to this activity. I understand that this release applies to both present and future injuries or damages, and that it binds my heirs, executors and administrators.

I understand that participants may be videotaped and/ or photographed during this activity and assign and transfer all right, title, and interest in any film footage/ prints to El Centro Comunal Latino and the City of Bloomington for advertising purposes.

I have read this Consent for Services and General Release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Team Members: _____

(10 max.) _____

**Send completed form to El Centro Comunal Latino, Monroe County Public Library, 303 East Kirkwood St.,
Room 200 (Second Floor), Bloomington, IN 47408**

No later than September 14, 2012